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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M61.12-0625

First Inventor or Application Identifier Ciprian Chelba et al.

Title REPRESENTATION OF A DELETED INTERPOLATION  
N-GRAM LANGUAGE MODEL IN ARPA STANDARD  
FORMAT

Express Mail Label No. EV388910695US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

Address To:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ \*Fee Transmittal Form e.g., PTO/SB17  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant Claims small entity status
3. ☒ Specification [Total Sheets **29**]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **7**]
5. Oath or Declaration [Total Sheets **2**]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)  
a. ☐ Computer Readable Copy  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 Copies); or  
ii. ☐ Paper  
c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO – 1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request Under 35 USC 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent
17. ☒ Other: Checks in the amount of \$770.00 & \$40.00

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an  
Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation –in part (CIP)

of prior application No: \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

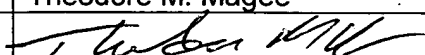
Group/Art Unit: \_\_\_\_\_

**FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by  
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

|         |                                   |           |                |          |                |
|---------|-----------------------------------|-----------|----------------|----------|----------------|
| Name    | Theodore M. Magee                 |           |                |          |                |
|         | WESTMAN CHAMPLIN & KELLY          |           |                |          |                |
| Address | Suite 1600 – International Centre |           |                |          |                |
|         | 900 Second Avenue South           |           |                |          |                |
| City    | Minneapolis                       | State     | MN             | Zip Code | 55402-3319     |
| Country | USA                               | Telephone | (612) 334-3222 | Fax      | (612) 334-3312 |

|                   |   |                                   |         |
|-------------------|---|-----------------------------------|---------|
| Name (Print/type) | Theodore M. Magee   | Registration No. (Attorney/Agent) | 39,758  |
| Signature         |  | Date                              | 3/26/04 |

22387 U.S. PTO  
10/810254

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| <b>FEE TRANSMITTAL</b>   | <i>Complete if Known</i> |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|--|--------------------------|--|---------------|--|--------------|-----------------|-----------------|----------|-----|-----|------|------|------|--------|------|------|-----|------|------|--|------|-----|-------------------------------------|-----|--|------|------|------|--|---|------|-----|------|-----|---|----------------------------|------|-------|------|---|--|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-----|------|----|-------------------------|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|--|--|------|----|------|----|--|--|---------------------------|--|--|--|--|--|
|  | Application No.          |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Filing Date              | March 26, 2004   |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | First Named Inventor     | Ciprian Chelba et al.  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Title                    | REPRESENTATION OF A DELETED INTERPOLATION N-GRAM LANGUAGE MODEL IN ARPA STANDARD FORMAT  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Group Art Unit           |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Examiner Name  |                          |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Total Amount of Payment    \$ 770  |                          | Atty. Docket Number    M61.12-0625   |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>METHOD OF PAYMENT (Check One)</b>   |                          | <b>FEE CALCULATION (Continued)</b>   |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Check Enclosed  |                          | <b>3. ADDITIONAL FEES</b><br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td colspan="6">Other Fee (specify) _____</td> </tr> </tbody> </table> | Large Entity  |  | Small Entity |                 | Fee Description | Fee Paid | Fee | Fee | Fee  | Fee  | Code | (\$)   | Code | (\$) |     |      | 1051 | 130  | 2051 | 65  | Surcharge - Late filing fee or oath |     | 1052                                       | 50   | 2052 | 25   | Surcharge - Late provisional Filing Fee or cover sheet |   | 1053 | 130 | 1053 | 130 | Non-English specification                       |                            | 1812 | 2,520 | 1812 | 2,520   | For Filing a Request for Reexamination. (ex parte) |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee |  | 1452 | 110 | 2452 | 55 | Petition to Revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to Revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility/Reissue issue fee (inc. advance copies) |  | 1502 | 480 | 2502 | 240 | Design issue fee (inc. advance copies) |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | Other Fee (specify) _____ |  |  |  |  |  |
| Large Entity   |                          | Small Entity   |               | Fee Description  | Fee Paid     |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee                      | Fee  | Fee           |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)                     | Code   | (\$)          |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1051   | 130                      | 2051   | 65            | Surcharge - Late filing fee or oath  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1052   | 50                       | 2052   | 25            | Surcharge - Late provisional Filing Fee or cover sheet                     |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1053   | 130                      | 1053   | 130           | Non-English specification  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1812   | 2,520                    | 1812   | 2,520         | For Filing a Request for Reexamination. (ex parte)                         |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1251   | 110                      | 2251   | 55            | Extension for reply within first month                                     |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1252   | 420                      | 2252   | 210           | Extension for reply within second month                                    |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1253   | 950                      | 2253   | 475           | Extension for reply within third month                                     |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1254   | 1,480                    | 2254   | 740           | Extension for reply within fourth month                                    |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1255   | 2,010                    | 2255   | 1,005         | Extension for reply within fifth month                                     |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1402   | 330                      | 2402   | 165           | Filing a brief in support of an appeal                                     |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1403   | 290                      | 2403   | 145           | Request for oral hearing   |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1814   | 110                      | 2814   | 55            | Terminal Disclaimer Fee  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1452   | 110                      | 2452   | 55            | Petition to Revive - unavoidable   |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1453   | 1,330                    | 2453   | 665           | Petition to Revive - unintentional   |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1501   | 1,330                    | 2501   | 665           | Utility/Reissue issue fee (inc. advance copies)                            |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1502   | 480                      | 2502   | 240           | Design issue fee (inc. advance copies)                                     |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1460   | 130                      | 1460   | 130           | Petitions to the Commissioner  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1807   | 50                       | 1807   | 50            | Petitions related to provisional applications                              |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1806   | 180                      | 1806   | 180           | Submission of Information Disclosure Statement                             |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 8021   | 40                       | 8021   | 40            | Recording each patent assignment per property (times number of properties) |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Other Fee (specify) _____  |                          |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>FEE CALCULATION</b>   |                          |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b>   |                          |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (1) \$ 770</b></td> </tr> </tbody> </table>   |                          | Large Entity   |               | Small Entity   |              | Fee Description | Fee             | Fee      | Fee | Fee | Code | (\$) | Code | (\$)   |      | 1001 | 770 | 2001 | 385  | <input checked="" type="checkbox"/> Utility Filing Fee | 1002 | 340 | 2002                                | 170 | <input type="checkbox"/> Design Filing Fee | 1004 | 770  | 2004 | 385  | <input type="checkbox"/> Reissue Filing Fee | 1005 | 160 | 2005 | 80  | <input type="checkbox"/> Prov. Filing Fee       | <b>Subtotal (1) \$ 770</b> |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Large Entity   |                          | Small Entity   |               | Fee Description  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee                      | Fee  | Fee           |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)                     | Code   | (\$)          |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1001   | 770                      | 2001   | 385           | <input checked="" type="checkbox"/> Utility Filing Fee                     |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1002   | 340                      | 2002   | 170           | <input type="checkbox"/> Design Filing Fee                                 |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1004   | 770                      | 2004   | 385           | <input type="checkbox"/> Reissue Filing Fee                                |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1005   | 160                      | 2005   | 80            | <input type="checkbox"/> Prov. Filing Fee                                  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>Subtotal (1) \$ 770</b>   |                          |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>   |                          |  |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>20</td> <td>20</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Indep.</td> <td>3</td> <td>3</td> <td>0</td> <td>86</td> <td>0</td> </tr> </tbody> </table>   |                          |  | Number Claims | Prior**  | Extra        | Fee from Below  | Fee Paid        | Total    | 20  | 20  | 0    | 18   | 0    | Indep. | 3    | 3    | 0   | 86   | 0    |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Number Claims            | Prior**  | Extra         | Fee from Below   | Fee Paid     |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Total  | 20                       | 20   | 0             | 18   | 0            |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Indep.   | 3                        | 3  | 0             | 86   | 0            |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Multiple Dependent Claims<br><br>** Insert 3 and 20, or number previously paid if greater; Reissue see below<br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |                          | Large Entity   |               | Small Entity   |              | Description     | Fee             | Fee      | Fee | Fee | Code | (\$) | Code | (\$)   |      | 1202 | 18  | 2202 | 9    | Claims in excess of 20                                 | 1201 | 86  | 2201                                | 43  | Independent claims in excess of 3          | 1203 | 290  | 2203 | 145  | Multiple Dependent Claims                   | 1204 | 86  | 2204 | 43  | Reissue Independent Claims over Original Patent | 1205                       | 18   | 2205  | 9    | Reissue claims in excess of 20 and over original patent |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Large Entity   |                          | Small Entity   |               | Description  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee                      | Fee  | Fee           |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)                     | Code   | (\$)          |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1202   | 18                       | 2202   | 9             | Claims in excess of 20   |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1201   | 86                       | 2201   | 43            | Independent claims in excess of 3  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1203   | 290                      | 2203   | 145           | Multiple Dependent Claims  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1204   | 86                       | 2204   | 43            | Reissue Independent Claims over Original Patent                            |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1205   | 18                       | 2205   | 9             | Reissue claims in excess of 20 and over original patent                    |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>Subtotal (2) \$ 0</b>   |                          | <b>Subtotal (3) \$</b>   |               |  |              |                 |                 |          |     |     |      |      |      |        |      |      |     |      |      |  |      |     |                                     |     |  |      |      |      |  |   |      |     |      |     |   |                            |      |       |      |   |  |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |

Signature

(Theodore M. Magee )

Reg. No. 39,758

Date 3-26-04

Deposit Account No. 23-1123